

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

[REDACTED]

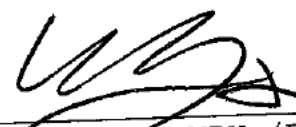
DIAGNOSES

1. Gunshot Wound of the Left Low Back [Flank], Penetrating (see injury description).
2. Retroperitoneal Hemorrhage.
3. Pale Internal Organs consistent with Acute Blood Loss.
4. Status Post Emergency Laparotomy associated with Multifocal Surgical Intervention of the Abdominal Organs (see injury description).
5. Dilated Cardiomyopathy, Heart.
6. Cardiomegaly (615 grams), Heart.
7. Coronary Atherosclerosis, Moderate, Heart.
8. Pulmonary Edema, Bilateral, Lungs.
9. Aortic Atherosclerosis, Vascular System.
10. Nephrosclerosis, Bilateral, Kidneys.
11. Benign Cortical Hyperplasia, Bilateral, Adrenal Glands.

OPINION

CAUSE OF DEATH: The cause of death of this [REDACTED] year-old [REDACTED] male, [REDACTED] is GUNSHOT WOUND OF THE LEFT LOW BACK.

MANNER OF DEATH: HOMICIDE.


Lary Simms, DO, MPH (DABP-AP, CP, FP)
Medical Examiner
Clark County, Nevada (Las Vegas)

DATE: Dec 20 2017

LS/kra/amu

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October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF [REDACTED]

NOTICE: Forensic, medical and scientific evidence as proof of a fact can establish that fact to an extent varying between slight possibility to certainty. The minimal standard of proof for all conclusions in this report is to a reasonable degree of scientific, medical and forensic certainty; the degree of certainty for any given conclusion in this report can range from this lowest standard of certainty up to beyond a reasonable doubt.

The manner of death is based on the information available at the time of signature.

AUTOPSY: Date of pronounced death is October 2, 2017. The autopsy is performed by Lary Simms, DO, MPH, Medical Examiner, at 1520 hours, October 4, 2017.

CLOTHING: The body is received unclothed. Accompanying the body are a pair of dark shoes.

EXTERNAL EXAMINATION: The body is that of a normally developed [REDACTED] adult. Rigor mortis is minimal and symmetrical. Lividity is present posteriorly. The head hair is dark. Mustache is present. The scalp is unremarkable. The eyes are closed. The corneas are cloudy. The irides are dark. The nose, lips and mouth are unremarkable. The teeth are natural and in fair repair. The chest and abdomen show no evidence of natural disease. The extremities are equally and symmetrically developed. Fingerprint ink is present on the hands bilaterally. The fingernails and toenails are medium in length and some of the toenails demonstrate pachyonychia and dyschromia. The external genitalia are male. The back and buttocks show no evidence of natural disease.

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PAGE TWO

INVENTORY OF MEDICAL TREATMENT:

1. An endotracheal tube is present.
2. An intravenous catheter is present in the right lateral neck.
3. Needle punctures present in the left antecubital fossa.
4. An arterial line is present at the left wrist.
5. The abdomen demonstrates a longitudinal sutured incision.
6. The back of the right hand demonstrates needle puncture.
7. The left clavicular area demonstrates several needle punctures.
8. The front of the right lower leg demonstrates a needle puncture.
9. The left upper arm demonstrates a needle puncture.
10. The front of the left lower leg demonstrates a needle puncture.
11. A nasogastric tube is present.

INVENTORY OF RADIOGRAPHIC FINDINGS:

COMMENT: Digital radiographs are interpreted on an ENTUITIVE monitor; extracorporeal objects are present; acute medical intervention is present; degenerative skeletal change is present.

1. Postmortem regional radiographs of the head and neck are unremarkable.

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PAGE THREE

2. Postmortem regional radiograph of the chest demonstrates haziness of the lung fields bilaterally; Cardiomegaly is present.
3. Postmortem regional radiographs of the abdomen and pelvis demonstrate ballistically insignificant bullet fragments scattered across the abdomen.
4. Postmortem regional radiographs of the extremities are unremarkable.

INVENTORY OF GUNSHOT INJURY:

1. Located in the **left low back** (flank) 20.2 inches from the top of the head and 8.5 inches to the left of the midline is a gunshot wound of entrance measuring 0.22 inch in overall dimension; the wound is composed of an eccentric hole measuring 0.12 inch in dimension associated with eccentric abrasion collar measuring up to 0.08 inch in dimension.

The bullet courses through the skin and subcutaneous tissue of the left low back [flank] and enters the left abdominal cavity.

The splenic flexure of the colon demonstrates perforation; the left kidney demonstrates pulpifaction; the left adrenal gland demonstrates laceration; surgical intervention is present in the aorta, inferior vena cava, and the left lobe of the liver.

The retroperitoneal compartment demonstrates a diffuse hemorrhage.

Ballistically insignificant deformed lead fragments are recovered from the soft tissues of the abdomen.

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PAGE FOUR

The omentum demonstrates diffuse hemorrhage; surgical intervention is present in the stomach.

The abdominal cavity contains 100 ml of liquid blood and 50 grams of clot.

An exit wound is not confidently identified; however, the bullet fragments in the body do not constitute a whole bullet suggesting bullet and/or bullet fragments were recovered during emergent surgical intervention.

The bullet courses from back-to-front and left-to-right directly. Examination of wound of entrance shows no evidence of close-range firing.

INVENTORY OF ADDITIONAL FINDINGS:

1. The lower back in the midline demonstrates a longitudinal curvilinear dermal scar. The arms bilaterally demonstrate scattered irregular and curvilinear hyperpigmented and hypopigmented areas.
2. The forehead demonstrates several irregular and curvilinear abrasions measuring up to 0.35 inch in dimension.

INTERNAL EXAMINATION:

MEASUREMENTS AND WEIGHTS (approximate/estimate only):

Height:	68 inches
Weight:	243 pounds
Heart:	615 grams
Lungs:	1800 grams
Liver:	1900 grams
Spleen:	140 grams
Kidneys:	440 grams
Brain:	1410 grams

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PAGE FIVE

BODY CAVITIES: The body is entered by a Y-shaped incision. Except for the findings previously described, the peritoneal surfaces of the body cavities are unremarkable. The internal organs that are present retain their normal anatomic position and relationships.

NECK ORGANS: The tongue demonstrates scattered hemorrhages. The surfaces of the epiglottis are unremarkable.

The suprahyoid and infrahyoid (strap) muscles of the neck demonstrate broad areas of hemorrhage, but are otherwise unremarkable.

The hyoid bone is dissected. The synchondroses are fused and intact. The greater horns of the hyoid bone show no evidence of fracture.

The thyroid cartilage is dissected. The superior horns and laminae show no evidence of fracture.

The cricoid cartilage ring is dissected. The cricothyroid membrane shows no evidence of hemorrhage. The cricoid cartilage shows no evidence of fracture.

The prevertebral soft tissues and muscles of the cervical vertebral column demonstrate broad areas of hemorrhage. The anterior cervical vertebral column shows no evidence of injury.

CARDIOVASCULAR SYSTEM: The aorta and great vessels demonstrate patchy atherosclerosis. The coronary arteries have a normal surface course and configuration; the coronary circulation is right dominant. On serial sectioning the left coronary artery system and the right coronary artery system exhibit patchy calcific concentric and eccentric atherosclerosis with focal narrowing up to 40%.

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PAGE SIX

The valves of the heart are unremarkable. The ventricular chambers are dilated. The left ventricular wall thickness ranges from 1.6 to 1.8 cm. On serial sectioning the myocardium displays no focal pathologic changes.

RESPIRATORY SYSTEM: The trachea and major bronchi are unremarkable. The pulmonary vessels are unobstructed. On serial sectioning the pulmonary parenchyma demonstrates generalized edema and is pale.

HEPATOBIILIARY SYSTEM: Except for the findings previously described, the surfaces of the liver and the liver parenchyma are unremarkable. The gallbladder and biliary tract are unremarkable.

HEMOLYMPHATIC SYSTEM: The capsular surface of the spleen is smooth and without adhesions. On serial sectioning the splenic parenchyma is pale and otherwise unremarkable. The internal lymph nodes identified are unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable. Stomach content is a few milliliters of brown fluid. Except for the findings previously described, the stomach, small bowel and colon are unremarkable. The pancreas has a normal size and on serial sectioning is pale.

GENITOURINARY SYSTEM: The renal surfaces of the right kidney are granular and the remaining intact surfaces of left kidney are granular. Serial sectioning of the right kidney demonstrates a pale cortex with a normal thickness; the calyces, pelvis and ureter are unremarkable. The collecting system of the left kidney is unremarkable.

ENDOCRINE SYSTEM: The thyroid gland has a normal size and on serial sectioning is pale. The right adrenal gland is enlarged and demonstrates benign diffuse nodular cortical hyperplasia. The rest of the endocrine system shows no identifiable abnormalities.

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PAGE SEVEN

CENTRAL NERVOUS SYSTEM: The scalp, subscalp soft tissue and calvaria show no evidence of injury. On entering the cranial cavity the membranous compartments are free of hemorrhage. The leptomeninges and the surfaces of the cerebral hemispheres are unremarkable. The vessels at the base of the brain have a normal configuration. The base of the skull shows no evidence of injury. On serial sectioning the brain is pale and reveals no grossly visible changes of natural disease.

PHYSICAL EVIDENCE RECOVERY AND DISPOSITION:

1. Deformed lead fragments recovered from the soft tissues of the abdomen to custody of Las Vegas Metropolitan Police Department.

FLUIDS AND TISSUES SUBMITTED:

1. Postmortem chest blood.
2. Vitreous humor.
3. Liver tissue.
4. Bile.
5. Brain tissue.
6. Autopsy tissue to stock.

TESTING ORDERED:

1. Toxicologic analysis [NMS: Basic] on autopsy blood.